

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008525

FILED
Apr 04, 2007
Secretary of State

Entity Name: MAGNOLIA CLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 33-1101314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELLIS, JIM
Address: 5850 T.G. LEE BLVD., SUITE 600
City-St-Zip: ORLANDO, FL 32822

Title: VP () Delete
Name: LAWSON, ROBERT
Address: 5850 T.G. LEE BLVD., SUITE 600
City-St-Zip: ORLANDO, FL 32822

Title: STD () Delete
Name: MURPHY, BRANDY
Address: 5850 T.G. LEE BLVD., SUITE 600
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CONSTANTINO, CHRIS
Address: 1910 LITTLE GEM LP
City-St-Zip: SANFORD, FL 32772

Title: VPD (X) Change () Addition
Name: POWELL, DEREK
Address: 2911 PINE OAK TR
City-St-Zip: SANFORD, FL 32773

Title: STD (X) Change () Addition
Name: RIDENOUR, BETHANY
Address: 1731 LITTLE GEM LP
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS CONSTANTINO

PD

04/04/2007

Electronic Signature of Signing Officer or Director

Date